



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Stephanie Spencer

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Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$392848654
Outpatient Patient Service Revenue	\$128578750
Total Gross Patient Service Revenue	\$521427404

2. Deductions From Revenue

Contractual Allowance	\$350062236
Other Deductions	\$13916785
Total Deductions	\$363979021

3. Total Operating Revenue

Net Patient Service Revenue	\$157448383
Other Operating Revenue	\$534331
Total Operating Revenue	\$157982714

4. Operating Expenses

Salaries and Wages	\$27654948	Employee Benefits	\$7645249
Depreciation and Amortization	\$3947879	Interest Expense	\$1008184
Bad Debt	\$1770567	Other Expenses	\$66150331
Total Operating Expenses	\$108177158		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$48003238	Total Assets	\$93427980
Net Non-operating Gains over Loss	\$678026	Total Liabilities	\$39681968

Total Net Gains	\$48681264
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$349277394	\$276167749	\$73109645
Medicaid	\$28616570	\$21158736	\$7457834
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$143533440	\$66652536	\$76880904
Total	\$521427404	\$363979021	\$157448383

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$10080824
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1986694	
HCI Payments	\$0		
Subtotal	\$0	\$1986694	\$-1986694
Medicaid Shortfalls	\$0	\$2997274	
Subtotal	\$0	\$4983968	\$-4983968
DSH Payments	(\$2,511)		
Subtotal	\$-2511	\$4983968	\$-4986479
Medicare Shortfalls	\$0	\$-4275248	
Other Government Programs	\$0	\$0	
Total	\$-2511	\$708720	\$-711231

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$93294	\$-93294
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$4815453	\$-4815453
Other Allocations	\$0	\$0	\$0

Comments

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